

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓ 7/10/84
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	○
10	○
11	✓
12	✓
13	○
14	✓
15	○
16	○
17	○
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	○
25	○
26	○
27	○
28	✓
29	○
30	○
31	○
32	✓
33	○
34	○
35	○
36	○
37	○
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	○
47	○
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓
52	○
53	○
54	✓
55	○
56	○
57	✓
58	✓
59	✓
60	✓
61	○
62	○
63	✓
64	○
65	✓
66	○
67	○
68	○
69	✓
70	○
71	○
72	○
73	○
74	○
75	✗
76	○
77	○
78	○
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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